



# Crystal Shores West Association

P O Box 4907 – Incline Village, NV 89450-4907

## Rental Registration Form

Date: \_\_\_\_\_

Unit Number: \_\_\_\_\_

Unit Owner / Rental Agent: \_\_\_\_\_

Regular contact number: \_\_\_\_\_

24 hour 7 day contact number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Name of Rental Party: \_\_\_\_\_

Date In: \_\_\_\_\_ Date Out: \_\_\_\_\_

Number in Party: \_\_\_\_\_

Vehicles License Numbers or make and color of vehicles: \_\_\_\_\_

\_\_\_\_\_

Have you provided Rental Party with current copy of the Rules and Regulations? \_\_\_\_\_

\*Have you informed your Rental Party that only 2 vehicles are allowed? \_\_\_\_\_

**Please submit a \$50.00 registration fee with Registration Form. Mail completed form to  
Crystal Shores West Association, P.O. Box 4907, Incline Village, NV 89450.**

\*Vehicle Parking Passes may be a paper on the vehicle dash with the Unit Number.